

# Chancroid

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## 1) THE DISEASE AND ITS EPIDEMIOLOGY

### A. Etiologic Agent

Chancroid is caused by the gram-negative bacillus *Haemophilus ducreyi*.

### B. Clinical Description

An acute bacterial infection localized in the genital area and characterized clinically by a single or multiple painful necrotizing ulcers at the site of infection, frequently accompanied by painful swelling and suppuration of regional lymph nodes. Minimally symptomatic lesions may occur on the vaginal wall or cervix; asymptomatic infections may occur in women. Some women may present with less obvious symptoms such as dysuria, dyspareunia, vaginal discharge, pain during defecation or rectal bleeding. Constitutional symptoms, such as malaise and low-grade fever may be present.

Laboratory diagnosis is made by isolation of *H. ducreyi* from lesion exudates, identification of bacterial DNA by polymerase chain reaction or by immunofluorescence, and serology.

### C. Vectors and Reservoirs

Humans.

### D. Modes of Transmission

By direct sexual contact with discharges from open lesions and pus from buboes. Autoinoculation to nongenital sites may occur in infected people.

### E. Incubation Period

The incubation period ranges from 3 to 14 days.

### F. Period of Communicability or Infectious Period

Until healed and as long as the infectious agent persists in the original lesion or discharging regional lymph nodes, which lasts for several weeks or months without antibiotic treatment. Antibiotic therapy eradicates *H. ducreyi* and lesions heal in 1 – 2 weeks.

### G. Epidemiology

Most often diagnosed in men, especially those who frequent prostitutes. Most prevalent in tropical and subtropical regions of the world where the incidence may be higher than that of syphilis and approach that of gonorrhea in men. The disease is much less common in temperate zones and may occur in small outbreaks. In the United States, outbreaks and some endemic transmission have occurred, principally among migrant farm workers and poor inner-city residents. In the last 5 years, New Jersey has reported 22 probable cases of chancroid as per the case definitions outlined in Section 2A.

## 2) REPORTING CRITERIA AND LABORATORY TESTING SERVICES

### A. New Jersey Department of Health and Senior Services (NJDHSS) Case Definition

#### CASE CLASSIFICATION

##### A. CONFIRMED

A clinically compatible case, **AND**

- Isolation of *H. ducreyi* from clinical specimen.

##### B. PROBABLE

A clinically compatible case, **AND**

- No evidence of *Treponema pallidum* infection by darkfield microscopic examination of ulcer exudates or by a serologic test for syphilis performed greater than or equal to 7 days after onset of ulcers, **AND**
- **Either** a clinical presentation of the ulcer(s) is not typical of disease caused by herpes simplex virus (HSV) **OR** a culture negative for HSV.

##### C. POSSIBLE

Not used.

### B. Laboratory Testing Services Available

Laboratory testing for *H. ducreyi* is not available on site at the Public Health and Environmental Laboratories (PHEL). At present, the PHEL will forward specimens to the CDC for testing. For additional information on submitting samples, contact the PHEL at 609.292.7368.

## 3) DISEASE REPORTING AND CASE INVESTIGATION

### A. Purpose of Surveillance and Reporting

- To identify the prevalence of chancroid in New Jersey.
- To identify where chancroid occurs in New Jersey.
- To recognize areas in New Jersey where chancroid incidence has increased or decreased.
- To focus preventive education.

### B. Laboratory and Healthcare Provider Reporting Requirements

The New Jersey Administrative Code (N.J.A.C. 8:57-1.8) stipulates that laboratories and the health care providers report all cases of chancroid **to the NJDHSS Sexually Transmitted Diseases Program** by telephone 609.588.7526, confidential fax 609.588.7462, or in writing using STD-11 form. The STD-11 form can be obtained from the Sexually Transmitted Diseases Program (at phone 609.588.7526).

### C. Health Officer's Reporting and Follow-up Responsibilities

#### 1. Reporting Requirements

The New Jersey Administrative Code (N.J.A.C. 8:57-1.6) stipulates that cases of chancroid, as defined by the criteria in Section 2A, be reported directly to the NJDHSS using a STD-11 form. Form may be mailed or faxed 609.588.7462 to the STD Program. A local health officer who is notified of the existence of a case of chancroid shall forward the case report to the NJDHSS Sexually Transmitted Diseases Program

The mailing address is:

NJDHSS  
Division of Epidemiology, Environmental and Occupational Health  
Sexually Transmitted Diseases Program  
P.O.Box 369  
Trenton, NJ 08625-0369

## 2. Case Investigation

Institution of disease control measures is an integral part of case investigation. It is the local health officer's responsibility to understand, and, if necessary, institute the control guidelines listed below in Section 4, "Controlling Further Spread."

# 4) CONTROLLING FURTHER SPREAD

## A. Isolation and Quarantine Requirements

### Minimum Period of Isolation of Patient

Patients should refrain from sexual intercourse until treatment is completed and lesions have healed.

### Minimum Period of Quarantine of Contacts

No restrictions.

## B. Protection of Contacts of a Case

Examine and treat all sexual contacts within 10 days before onset of symptoms. Women without visible signs may rarely be carriers. Asymptomatic sexual contacts should receive prophylactic treatment.

## C. Managing Special Situations

None.

## D. Preventive Measures

### Personal Preventive Measures/Education

In general, the following preventive measures are applicable to all sexually transmitted diseases (STD):

- The patient should be strongly advised to avoid sexual contact while symptoms (ulcers) are present as they are highly infectious.
- The patient should be strongly encouraged to ensure that their recent (within a period of 2 weeks plus the duration of symptoms) sexual partners be tested and treated.
- The patient should be strongly advised to avoid prostitutes, wear condoms and avoid having multiple sexual partners.

# ADDITIONAL INFORMATION

The CDC surveillance definition for chancroid is the same as the criteria in Section 2 A of this chapter. CDC case definitions are used by state health departments and CDC to maintain uniform standards for national reporting. For reporting to the NJDHSS, always refer to the criteria in Section 2A.

## REFERENCES

- CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR. 1997; 46:RR-10.
- CDC, Sexually Transmitted Diseases Treatment Guidelines 2002, MMWR 2002, 51:RR-6
- Chin, J., ed., Control of Communicable Diseases Manual, 17<sup>th</sup> Edition. Washington, DC, American Public Health Association, 2000.
- Crowe, M, Hall, M., Chancroid, eMedicine Journal March 2002; Volume 3, Number 3.
- Holmes, K., Sparling, P., et al, Sexually Transmitted Diseases, 3<sup>rd</sup> Edition, New York, NY, McGraw-Hill, 1999.
- Mandel, G., Bennett, J., Dolin, R., Principles and Practices of Infectious Diseases, Churchill Livingstone, 2000.